

ROBERT E. ATKINSON JUN 19 2009

## FACSIMILE TRANSMITTAL SHEET

TO:	Kahelin, Michael	FROM:	Robert E. Atkinson <i>R. Atkinson</i>
FAX NUMBER:	571-273-8300	DATE:	June 19, 2009
COMPANY:	US PTO	TOTAL NO. OF PAGES INCLUDING COVER:	13
PHONE NUMBER:	571-273-8300	SENDER'S REFERENCE NUMBER:	3371
RE:	Amendment	YOUR REFERENCE NUMBER:	10/736,863
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NOTES/COMMENTS:

In re Application No.:	10/736,863	Confirmation No.	5348
Filed:	12/16/2003	Art Unit	3762
Applicant:	Robert E. Atkinson et al.		
Examiner:	Kahelin, Michael		
Docket No.	AEWI-1		
Title:	LEAD STABILIZATION DEVICES AND METHODS		

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JUN 19 2009


PTO/S&amp;T (03-09)


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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/736,863
	Filing Date	12/16/2003
	First Named Inventor	Atkinson, Robert
	Art Unit	3762
	Examiner Name	Kohelin, Michael
Total Number of Pages in This Submission	13	Attorney Docket Number AEWI-1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Fax Cover Sheet 2. RCE 3. CC Payment Form 2038
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name			
Signature			
Printed name	Robert Atkinson		
Date	6/19/09	Reg. No.	36,433

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